

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 13, 2003

RE:

MDR Tracking #: M2-03-0318-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant is a 43 year old male with post-operative bilateral hip replacement from ___ industrial injury, post L5-S1 fusion from ___ industrial injury, and more recent shoulder dislocation and surgery from another accident. Left hip replacement was bipolar following core procedure for avascular necrosis. Prosthesis on left was loose and to be revised to total hip. Right hip is doing well following a revision for recurrent dislocation after initial hip arthroplasty in 1998. It has been noted on multiple examinations that there is no weakness in the lower extremities. He did have some abnormalities on EMG/NCV testing on 11/10/2000 that would be related to lumbar surgery.

Requested Service(s)

Adjustable bed

Decision

I agree with insurance carrier that the adjustable bed not medically necessary.

Rationale/Basis for Decision

Strength in lower extremities is intact. Individuals with bilateral total hip arthroplasties can transfer quite well in and out of regular beds. There is no literature that indicates adjustable beds are needed following bilateral total hip arthroplasties. ____ also suggests that because the claimant will require a left total hip arthroplasty at one time, and left shoulder surgery for a second operation, it is more cost-effective to just purchase a bed, rather than rental. An electric hospital bed with a trapeze and side rails can be rented for a month for under \$100. If such a bed were provided for one month after each operation, it would be more cost-effective than purchase of the requested DME. Finally, in my experience, the longer DME is provided that discourages improvement in strength and movement, the more likely that progress will be delayed.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (pre-authorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 13 th day of March 2003.
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